

**Minnesota Department of Human Services
DUR Board Meeting**

February 9, 2022

Members Present

Amanda Elliott, Pharm.D., Karen Pedersen, Pharm.D., Ann Philbrick, Pharm.D., and Gregg Schaeppi

DHS Staff Present

Mary Beth Reinke, Pharm.D., DUR Coordinator.

Other Attendants

Ariane Casey, Pharm.D, Kepro, Cory Chambliss, Kepro, and Han Kwon, Pharm.D., Kepro.

Public Comments: There were no public comments.

Approval of Minutes: The Board approved the Minutes from December 8, 2021.

Old business:

Central Nervous System (CNS) Effects

Approved at the December 2021 meeting, the mailing occurred January 21, 2022. This included 54 letters for duplicate therapy after reviewing 115 profiles, 123 letters regarding drug-drug interactions after reviewing 590 profiles, 41 letters regarding drug-disease interactions after reviewing 102 profiles, 11 high dose and 8 age consideration letters, and 204 letters regarding appropriate duration.

SUPPORT ACT

Criteria approved March 2021 (concurrent opioid and benzodiazepines, concurrent opioid and antipsychotics, duplicative short-acting opioids, duplicate long-acting opioids, and maximum daily morphine) for profile reviews and May 2021 (Medication Assisted Treatment criteria) special mailings were sent to providers on February 2, 2022. There were 393 letters resulting from profile reviews and 541 letters sent for the two special mailings.

New business:

Adult Polypharmacy

The intervention format would be an individual profile review.

The proposal provided, in advance, to DUR Board members was based on existing criteria in the Kepro's RxExplorer software. The target population are those patients receiving multiple drug classes with drugs used for mental health disorders. Intervention rationale: risks associated with polypharmacy include increased risk of adverse drug effects, including falls and cognitive impairment, harmful drug interactions, and drug-disease interactions.

- A. Multi-class polypharmacy
Criteria:

- Inclusion: All adult patients with a claim for three or more classes (antipsychotics, antidepressants, mood stabilizers, benzodiazepines, stimulants) for 30 days in the last 90 days within 28 days of each other.

There were 2,179 occurrences.

Message:

According to submitted pharmacy claims data, it appears that your patient has received three or more psychotropic medications concurrently. While combinations of psychotropic medications may occasionally be necessary, the simultaneous continuous use of numerous agents is not supported by the literature. A drug therapy regimen consisting of multiple agents presents increased risks for drug-related problems. These include an increased risk of drug-drug or drug-disease interactions, duplicate or unnecessary therapy, and medication non-adherence. Available literature identifies polypharmacy as indicating a need for further review. Please review your patient's drug therapy regimen and evaluate the continued need for each psychotropic medication.

As an alternative methodology, the age criteria associated with the specifically developed criteria for Minnesota's psychotropic drugs in youth was changed to eighteen years of age or greater. Total count was 4,987 using psychotropic drugs compared to 2,179 using drug class criteria. For the 4,987 occurrences, 486 patients were on six or more mental health drugs and another 779 patients were on five mental health drugs. Given the higher counts and therefore greater number of profiles, Kepro proposed reviewing the top 500 patients based on the High Risk Score using psychotropic drugs.

The DUR Board agreed to this strategy.

B. Multiple (two or more) oral second generation antipsychotics (SGA).

Criteria:

Inclusion: All adult patients with a claim for greater or equal to 2 SGAs concurrently for at least 30 days in the last 60 days.

There were 802 occurrences.

C. SGA Blood Glucose Monitoring

Criteria and letter content would be the same as used for psychotropic drugs in youth except to remove information regarding the PAL helpline. The format would be a special mailing.

There were 3,067 occurrences.

D. SGA Lipid Monitoring.

Criteria would be same as used for psychotropic drugs in youth. The format would be a special mailing. There were 1,450 occurrences.

The DUR Board were asked if they thought monitoring was important for the adult population. Yes. DUR Board roll call vote was to approve the four indicators for Adult Polypharmacy.

The next DUR Board meeting will be May 11, 2022. The meeting was adjourned.